



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 1.3.14	Subject: PRISON RAPE ELIMINATION ACT OF 2003 (PREA)
Reference: DOC Policy No. 1.3.14	Page 1 of 8 and 11 Attachments
Effective Date: July 8, 2014	Revised: July 8, 2014
Signature: /s/ Leroy Kirkegard / Warden	

I. PURPOSE:

The Montana State Prison has zero tolerance relating to nonconsensual sexual acts, offender on offender sexual abuse, sexual misconduct, and staff sexual harassment in accordance with the standards set forth in the Prison Rape Elimination Act of 2003 (PREA).

II. DEFINITIONS:

Department Employee – A person employed by the Department of Corrections. This term does not include Service Providers, as defined herein.

Incarcerated Offender/Inmate – Any individual detained in a Department-owned, operated, or contracted facility who is sentenced or committed to the Department of Corrections supervision.

Nonconsensual Sexual Act – A Sexual Act, as defined herein, upon an incarcerated offender perpetrated by another offender if the victimized offender does not consent or is mentally incapable of consent or when the perpetrator is an employee, Service Provider, official visitor, or other agency representative. Inmate searches conducted in accordance with *MSP Procedure 3.1.17A, Searches* are not considered nonconsensual sexual acts.

Nonconsensual Sexual Contact – Touching of an incarcerated offender directly or through clothing of the genitalia, anus, groin, breast, inner thigh, or buttocks for sexual gratification perpetrated by another offender if the victimized offender does not consent or is mentally incapable of consent or perpetrated by an employee, contractor, or volunteer. Inmate searches conducted in accordance with *MSP Procedure 3.1.17A, Searches* are not considered nonconsensual sexual contacts.

Service Providers – This term includes contracted persons, volunteers, interns, temporary employees, or other vendors providing service whose assignment is primarily located on Montana State Prison premises, e.g. facility or program office.

Sexual Act – Contact between the penis and the vagina or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vagina, or anus; or penetration of the vagina or anus of another person by hand, finger, or other object.

Staff Sexual Harassment – Repeated statements or comments of a sexual nature to an offender by an employee, Service Provider, or official visitor, or other agency representative; includes demeaning references to gender or derogatory comments about body or clothing; and repeated profane or obscene language or gestures.

Staff Sexual Misconduct – Nonconsensual sexual contact or acts directed toward an offender by an employee, volunteer, contractor, official visitor, or other agency representative, including completed, attempted, threatened, or requested sexual acts and occurrences of indecent exposure or staff voyeurism for sexual gratification.

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Substantiated Allegations – An allegation that was investigated and determined to have occurred.

Unfounded Allegation – An allegation that was investigated and determined not to have occurred.

Unsubstantiated Allegation – An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

PREA Specialist – The MSP staff position responsible for procedure development, implementation, and coordination with the Department’s PREA Coordinator for compliance with the PREA Standard.

III. PROCEDURES

A. General Requirements

1. All staff and service providers are required to report allegations of sexual assault, staff on inmate sexual harassment, and forced sexual contact.
2. The Warden, or designee, will appoint a PREA Specialist responsible for the following:
 - a. coordinate and develop procedures to identify, monitor, and track staff sexual misconduct and harassment and nonconsensual sexual acts and contact;
 - b. ensure compliance with MSP procedure, applicable state or federal laws, and the PREA Standard;
 - c. compile records and report statistical data to the Department PREA Coordinator; and
 - d. ensure facility compliance with training requirements.
3. All staff and inmates at MSP will receive education and information about the PREA Standard and MSP’s zero tolerance position toward PREA related issues; all PREA related allegations/claims will be handled as substantiated claims, until proven unfounded or unsubstantiated.
4. MSP will not tolerate retaliation against offenders, employees, or other parties for reporting sexual misconduct; individuals who retaliate may face disciplinary action or referral for criminal charges.
5. MSP and contracted facilities will identify, assess, and manage offenders with special needs, including those who are potentially vulnerable or dangerous, to provide safe housing, adequate protection, and programmatic resources to meet their needs in accordance with *MSP Procedure 4.2.200 Special Management of Atypical Inmates* and *MSP Procedure 4.2.202, Inmate Separation Needs*.

B. Staff Prevention and Intervention

1. During New Employee Orientation (NEO), all newly hired staff will receive education and training alerting them to situations in which nonconsensual sexual acts, staff sexual misconduct, or harassment might occur and be capable of identifying the following indicators to include, but not limited to:
 - a. overly friendly behavior of staff and/or offenders;
 - b. the exchange of money, canteen, favors, etc.; and

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- c. the use of, or reference to, force or coercion in other scopes.
- 2. Current employees within one (1) year from the effective date of this procedure and biannual thereafter will receive education and training alerting them to situations in which nonconsensual sexual acts, staff sexual misconduct, or harassment might occur.
- 3. Staff PREA training will include but no bet limited to:
 - a. review of *DOC Policy 1.3.14, Prison Rape Elimination Act*, and this procedure;
 - b. prevention, investigation, and prosecution of sexual misconduct;
 - c. MSP's zero tolerance stance toward PREA related issues;
 - d. recognition of sexual misconduct, predatory offenders, potential victims, and/or staff involvement;
 - e. facility procedures;
 - f. reporting procedures;
 - g. an offender's right to be free from sexual misconduct;
 - h. offender and employee rights to be free from retaliation for reporting sexual abuse;
 - i. the dynamics of sexual abuse in confinement; and
 - j. common reactions of sexual abuse victims.
- 4. After completion of the PREA training, staff will sign the *Staff PREA Acknowledgment form*.

C. Staff Reporting

- 1. All staff must report PREA allegations to the Command Post in a detailed confidential incident report.
- 2. When an inmate uses the Telmate Phone Service and calls the PREA Hotline, the phone service sends an alert to the Office of Investigations, Shift Commander, and PREA Specialist. Incident reports from the PREA hotline will be delivered to Command Post and staff will follow the *PREA Protocol* (attachment K).
- 3. Calls to the MSP switchboard involving a PREA allegation will be forwarded to the Command Post.
- 4. In accordance with 41-3-201 MCA, if a youth offender (under the age of 18) has been victimized, Department of Public Health and Human Services (DPHHS) must be notified by contacting the Montana child abuse hotline at (866) 820-5437.
- 5. If at any time a staff member is informed of an allegation of sexual abuse while an inmate was at another facility, the staff member must submit an incident report to the Command Post. The incident report will be sent to the PREA Specialist, or designee, who will inform the other facility of the allegation within 72 hours.
- 6. Any employee or service provider who fails to report an allegation, or who coerces or threatens another person to submit inaccurate, incomplete, or untruthful information may face disciplinary action, up to and including termination.

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D. Offender Prevention and Intervention

1. Offenders will receive information and education alerting them to situations in which nonconsensual sexual acts, staff sexual misconduct, or harassment might occur and be capable of identifying the following indicators, including, but not limited to:
 - a. overly friendly behavior of staff and/or offenders;
 - b. the exchange of money, canteen, favors, etc.; and
 - c. the use of, or reference to, force or coercion in other scopes.
2. During inmate orientation, or within one (1) year of the effective date of this procedure; MSP inmates who have not received prior PREA education, will receive education to include, but not limited to:
 - a. review of *DOC Policy 1.3.14, Prison Rape Elimination*, and this procedure; and
 - b. the PREA video titled, *Speaking Up*.
3. Upon completion of the PREA orientation, inmates will be instructed to sign the *Offender PREA Acknowledgement form*. If the inmate refuses to sign the form, the staff member providing the PREA orientation will sign the form and write “refused” on the form.
4. Trained unit staff will complete the *PREA: Risk Assessment* form at MDIU including, but not limited to:
 - a. PREA initial risk assessment screening ordinarily within first 72 hours of intake; and
 - b. within 30 days a second screening will take place and be documented on the initial classification or reclassification report; and
 - c. staff shall use information from the *PREA: Risk Assessment* to make informed housing, bed, work, educational, and program assignments.

E. Offender Reporting

1. Offenders who are victims of, or have knowledge of, nonconsensual sexual acts or contact, staff sexual misconduct or harassment should immediately report the incident by one of the following methods:
 - a. report the incident to a staff member verbally or in writing;
 - b. utilize the “lock box” formal grievance procedure in accordance with *MSP Procedure 3.3.3, Offender Grievance Program*;
 - c. the Department approved free confidential Telmate Phone Services hotline. Telmate Phone Services hotline provides instructions in multiple languages; or
 - d. members of the public may call MSP Command Post at (406) 846-1320 ext. 2250 to report a PREA incident to.
2. Substantiated deliberately malicious or false reports by offenders or other parties will result in disciplinary action or referral for criminal charges.

F. Investigations

1. When a staff member is informed of, or witnesses a PREA incident, the staff member must:
 - a. if the staff member is not security staff, request the victim not perform any functions that may damage evidence and immediately notify security staff;

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- b. if the staff member responding is security staff, the security staff will:
 - 1) separate the victim and the suspect;
 - 2) preserve and protect the crime scene in accordance with *MSP Procedure 3.1.28, Crime Scene and Physical Evidence Preservation*;
 - 3) notify the Command Post for further instructions.
 - c. MSP staff follows the *PREA Protocol* (attachment K).
- 2. All staff who received information about a sexual assault or PREA claim will immediately write a confidential incident report and hand deliver the report to the Command Post. The Command Post will:
 - a. mark the report as confidential and limit distribution to the appropriate staff only; and
 - b. notify the PREA Specialist by phone or email of the PREA incident.
- 3. Command Post staff and when appropriate PREA Specialist, will review PREA allegations and determine the course of the investigation as follows:
 - a. forward all information to the Office of Investigations; or
 - b. forward the information to the appropriate MSP staff to conduct an administrative investigation.
- 4. The investigator will review all evidence and interview all parties involved then determine if the PREA allegation is unfounded, unsubstantiated, or substantiated.

G. Victim Services Provided

- 1. MSP will provide victim services to offenders who allege they are victims of nonconsensual sexual acts, or contact, or staff sexual misconduct or harassment.
- 2. Medical staff will offer assessments to all inmates involved in a PREA claim. Services will include, but not be limited to:
 - a. determine if the PREA incident took place within 72 hours; if the incident took place within 72 hours, MSP medical staff will transport the inmate to an outside medical provider for additional assessment of potential sexual assault unless:
 - 1) The inmate refuses medical treatment; medical staff will complete the *MSP Refusal of Treatment* form.
 - b. notify the Office of Investigations/Law Enforcement Agency of Jurisdiction (LEAJ) to obtain the evidence if a Sexual Assault Evidence Collection Kit is used, complete the *MSP Patient Care Protocol* form and notify the PREA Specialist by phone or email;
 - c. if reported more than 72 hours after the incident, employees will, with the victim's permission, adhere to the following:
 - 1) refer victims to in house health care providers responsible for treatment and follow up care for sexually transmitted or other communicable diseases, completing a patient history, and conducting an examination to document the extent of physical injury and determine whether referral to another medical facility is required; and

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- 2) upon request from law enforcement, transport the victim to a community medical facility for evidence collection.
- d. Medical staff will offer mental health treatment to all parties in the PREA claim and fill out the *Request for Mental Health Services* form; and
- e. Mental Health staff or the Command Post in the event Mental Health staff is unavailable, will complete an *Emergency Questionnaire form* for all parties involved. Services may include:
 - 1) providing inmates with access or contact information to outside victim advocates for support services related to sexual abuse; and
 - 2) Mental health staff must complete a *MSP Refusal of Treatment* form if an inmate refuses mental health treatment.
3. The PREA Specialist, or designee, will contact the Unit Manager or supervisor where the inmate is housed to inform the staff they will need to complete weekly follow-up session; documenting the follow-up sessions on the *PREA Retaliation Monitoring Data Sheet*.

H. Reporting To Inmates

1. Following an investigation into an allegation of sexual abuse, the PREA Specialist will inform the inmate whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. If MSP did not conduct the investigation or the PREA allegation took place at a different facility, MSP will request the relevant information from the investigative agency in order to inform the inmate.
3. Following a substantiated allegation that a staff member committed sexual abuse, MSP will inform the inmate whether:
 - a. the staff member is no longer located within the inmate's unit;
 - b. the staff member is no longer employed at the facility;
 - c. the staff member has been charged related to sexual abuse within MSP; or
 - d. the staff member has been convicted on a charge related to sexual abuse within MSP.
4. Following a substantiated allegation of sexual abuse by another inmate, MSP will inform the alleged victim whenever:
 - a. MSP is informed that the alleged abuser has been charged related to sexual abuse within MSP; or
 - b. MSP is informed that the alleged abuser has been convicted on a charge related to sexual abuse within MSP.
5. All such notifications or attempted notifications must be documented.
6. MSP's obligation to report under the PREA Standard will terminate if the inmate is released from MSP.

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7. The investigator will write a report and complete the *PREA Abuse Incident Data Sheet* and present it to the PREA Specialist for statistical tracking.

I. Data Collection And Review

1. MSP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, except when the allegation has been determined to be unfounded.
2. PREA incident reviews will occur within 30 days of the conclusion of the investigation.
3. The review team may consist of the MSP PREA Specialist, Department PREA Coordinator, investigator, Command Post staff member, and other staff deemed appropriate.
4. The review team will:
 - a. consider whether the allegation or investigation indicates a need to change policy or procedure to better prevent, detect, or respond to sexual abuse;
 - b. consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other dynamics at MSP;
 - c. examine the area where the incident allegedly occurred to assess whether physical barriers may enable abuse;
 - d. assess the adequacy of staffing levels in that area during different shifts;
 - e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f. prepare a report of the findings, to include but not limited to, determinations made pursuant to paragraph (4)(a)-(4)(e) of this procedure, and any recommendations for improvement. The final report must be submitted to the MSP Warden for review.
5. MSP shall implement the recommendations for improvement, or must document the reasons for not doing so.
6. On an annual basis, the PREA Specialist will complete the *PREA Annual Staffing Plan Review*.

IV. CLOSING

Questions concerning this procedure should be directed to the Prison's PREA Specialist.

V. ATTACHMENTS

Offender PREA Acknowledgement Form	attachment A
Staff PREA Acknowledgment Form	attachment B
PREA: Risk Assessment	attachment C
PREA Sexual Abuse Incident Date Sheet (Incident Sheet)	attachment D
PREA Retaliation Monitoring Data Sheet (Monitoring Sheet)	attachment E
PREA Annual Staffing Plan Review (Annual Review)	attachment F
Montana State Prison Refusal of Treatment	attachment G

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Request for Mental Health Services
MSP Patient Care Protocol
MSP Emergency Interview Questionnaire
PREA Protocol

attachment H
attachment I
attachment J
attachment K



Department of Corrections
Montana State Prison
400 Conley Lake Road
Deer Lodge, MT 59722

OFFENDER PREA ACKNOWLEDGEMENT FORM

Date attended: _____

Inmate attending orientation:

Print Inmate name and AO #

Staff member or members conducting orientation session:

Print staff title and name

Print staff title and name

On the above date, I completed orientation for the Prison Rape Elimination Act at Montana State Prison. I have received a copy of *MSP Procedure 1.3.14, Prison Rape Elimination Act of 2003*. I have and understand the procedures' terms and directives as presented. I understand that it is my responsibility to know and follow all rules of incarceration and failing to do so, may result in progressive disciplinary action per *MSP Procedure 3.4.1 Institutional Discipline*. If I need further clarification with this or any other procedure or directive, I will immediately seek direction from my designated Unit Management team. **I acknowledge that I have been advised of the Prison Rape Elimination Act and agree to conduct myself as specified.**

Inmate signature and AO #

Staff title and signature

DEPARTMENT OF CORRECTIONS

Staff PREA Acknowledgement Form

I, _____ (*print name*), have received a copy of *DOC Policy 1.3.12, Staff Association and Conduct With Offenders*, and *DOC Policy 1.3.14, Prison Rape Elimination Act (PREA)*. I have read, or had these policies read to me, and understand the policies' terms and directives.

Staff SIGNATURE

DATE

Witness SIGNATURE

DATE

PREA: Risk Assessment

Sexual Predator/ Vulnerability PREA Screening Checklist

Inmate Name _____ AO# _____

Employee Name _____ Date _____

Reason for Screening (Circle One) New Admission Regular Review Special Referral

Possible Victim Factors:

1. Former victim of prison rape or sexual assault within the past ten years
2. Youthful age (under 25)
3. Elderly (65 or older)
4. Small physical stature (5'6" or less and/or 140lbs or less)
5. Developmental disability/ mental health history
6. First time being incarcerated
7. Gay/ lesbian/ bisexual/ transgender/ intersex/ gender nonconforming
8. History of any sexual abuse within the past ten years
9. History of correctional facility consensual sex with the past ten years
10. Placement in Special Management within the past ten years

Source:

Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____

Sexual Vulnerable Designation Process:

If "yes" to item #1, enter inmate as a "Known Victim" code

If "yes" to three or more items other than item #1, enter inmate as a "Potential Victim"

Otherwise designate inmate as a "Non-Victim"

Scored Designation: (Circle One) Known Victim Potential Victim Non-Victim

Victim Over-ride: (Circle One) No Yes – "Potential victim to non-victim"
Yes – "Non-victim to potential victim"

*cannot over-ride a known victim, ONLY a potential victim

Basis for over-ride: _____

Possible Predator Factors:

1. Institutional predatory sexual behavior within the past ten years
2. Current or prior convictions for rape, child abuse or neglect within the past ten years
3. Sexual abuse or sexual assault toward others or domestic violence within the past ten years
4. Gang affiliation
5. Institutional strong-arming/ assaults within the past ten years
6. Institutional consensual sex within the past ten years
7. Institutional sexual taunting toward staff or offenders within the past ten years

Source:

Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____

Sexually Predatory Designation Process:

If "yes" to item #1, enter inmate as a "Known Predator" code

If "yes" to two or more items other than item #1, enter inmate as a "Potential Predator"

Otherwise designate inmate as a "Non-Predator"

Scored designation: (Circle One) Known Predator Potential Predator Non-Predator

Predator Over-ride: (Circle One) No Yes – "Potential predator to non-predator"
Yes – "Non-predator to potential predator"

*cannot over-ride a known predator, ONLY a potential predator

Basis for over-ride: _____

Prison Rape Elimination Act (PREA) Sexual Abuse Incident Data Sheet.

BASIC INFORMATION

Case # _____ Sexual Abuse Type: (Blank) Facility: _____
Date Reported: _____ Time Reported: _____ Report Received: (Blank)
Date of Incident: _____ Time of Incident: _____ Shift: (Blank) Site: (Blank)
Victim Name #1: _____ Victim Prisoner # _____
Victim Name #2: _____ Victim Prisoner # _____
Suspect Name #1: _____ Suspect Prisoner #/Employee Title _____
Suspect Name #2: _____ Suspect Prisoner #/Employee Title _____
Suspect Name #3: _____ Suspect Prisoner #/Employee Title _____

FIRST RESPONDER

First responder: ☐ Custody staff ☐ Non-custody staff

If custody staff, the staff member:

- ☐ Separated the victim and suspect ☐ Preserved/protected the crime scene and/or evidence
☐ Requested that the victim not wash, brush teeth, change clothes, urinate, defecate, smoke, eat, or drink
☐ Ensured that the suspect not wash, brush teeth, change clothes, urinate, defecate, smoke, eat, or drink

If non-custody staff, the staff member:

- ☐ Requested that the victim not wash, brush teeth, change clothes, urinate, defecate, smoke, eat, or drink
☐ Notified custody staff

SEGREGATION

Placed in segregation: Victim: ☐ Yes ☐ No Suspect: ☐ Yes ☐ No

Victim placed in segregation: Date: _____ Time: _____

Victim released from segregation: Date: _____ Time: _____

If longer than 24 hours, provide rationale: _____

If longer than 30 days due to: ☐ Prisoner's safety ☐ No alternative means of separation available ☐ Other

Provide rationale: _____

30 day review conducted on (date): _____

MEDICAL AND MENTAL HEALTH CARE REFERRAL

Was the victim referred to health care? ☐ Yes ☐ No Date: _____ Time: _____

If no, rationale: _____

Was the victim referred to mental health care? ☐ Yes ☐ No Date: _____ Time: _____

If no, rationale: _____

Was the suspect referred to mental health care? ☐ Yes ☐ No Date: _____ Time: _____

If no, rationale: _____

LAW ENFORCEMENT REFERRAL/ DOC INVESTIGATIONS BUREAU

Referred to law enforcement: ☐ Yes ☐ No Law enforcement agency: (Blank), (Blank)

Law enforcement accepted investigation: ☐ Yes ☐ No

If no law enforcement referral, please explain why: _____

FORENSIC EXAMINATION

Was the incident reported within 72 hours? ☐ Yes ☐ No

Was the victim referred for medical examination: ☐ Yes ☐ No

Was the victim provided with a forensic (SANE/SAFE) examination? ☐ Yes ☐ No

If yes, where was the forensic examination conducted? _____

If no, please explain why: _____

Was the forensic examination completed? ☐ Yes ☐ No If no, rationale: _____

Forensic examination conducted by: (Blank)

If the forensic examination was conducted by facility-based qualified medical personnel, and not SANE/SAFE certified practitioner, please explain why: _____

VICTIM ADVOCATE

For allegations of rape, sexual abuse, or non-consensual sexual acts (offender on offender) or staff sexual misconduct involving penetration, was the victim offered access to a victim advocate? ☐ Yes ☐ No

Victim: ☐ Accepted ☐ Declined

If accepted, document actions taken to attempt to access a victim advocate: _____

Advocate name: _____ Advocate agency: _____

The victim advocate participated in the following:

☐ Forensic examination ☐ Investigative interviews ☐ Emotional support/crisis intervention

INTERPRETER SERVICES

Did the victim require the services of an interpreter? ☐ Yes ☐ No

Were interpreter services provided? ☐ Yes ☐ No

Were interpreter services provided by another offender? ☐ Yes ☐ No

If yes, prisoner interpreter utilized because delay in obtaining outside interpreter would have compromised:

☐ Prisoner's safety ☐ First responder's duties ☐ Investigation

Please provide a detailed justification: _____

REFERRAL FOR PROSECUTION

If substantiated, requested law enforcement refer for prosecution: ☐ Yes ☐ No ☐ N/A

Law enforcement: (Blank) Prosecutor: (Blank)

If declined, please state agency's reason: _____

PREA RISK ASSESSMENTS

If substantiated, were new PREA Risk Assessments completed for the victim and the abuser(s)?

Victim: ☐ Yes ☐ No Abuser 1: ☐ Yes ☐ No Abuser 2: ☐ Yes ☐ No Abuser 3: ☐ Yes ☐ No

(If more than three abusers, please complete an additional sheet and attach it to this document)

Date new Risk Assessments were completed: Victim _____ Suspect _____

If unsubstantiated, is there new information that warrants completion of new PREA Risk Assessments for the alleged victim and alleged abuser(s)?

Victim: ☐ Yes ☐ No Abuser 1: ☐ Yes ☐ No Abuser 2: ☐ Yes ☐ No Abuser 3: ☐ Yes ☐ No

(If more than three abusers, please complete an additional sheet and attach it to this document)

If yes, date new assessments completed: Victim _____ Suspect _____

Were new separation needs entered into OMIS? ☐ Yes ☐ No

VICTIM NOTIFICATION

Was the victim notified in writing of the finding of the investigation: ☐ Yes ☐ No Date: _____

PROGRAM LIMITATIONS

If victim was placed in segregation longer than 24 hours, were programs, privileges, education or work opportunities limited?

☐ Yes ☐ No ☐ N/A

If yes, list opportunities that were limited: _____

Duration of limitation(s): _____

Reasons for such limitation(s): _____

90 DAY RETALIATION MONITORING

For all investigations (excluding those determined by authorized investigators to be unfounded), was a staff member assigned to monitor for retaliation against the victim, the reporter, and offenders and staff who participated in the investigation? ☐

Yes ☐ No

Assigned staff member(s): _____

Date assigned: _____

If the victim was transferred to another facility, was the receiving facility notified to assign a staff member to monitor for retaliation? ☐ Yes ☐ No ☐ N/A

PRISONER TRANSFERS

Prisoner(s) transferred?

Victim: ☐ Yes ☐ No

Date Requested: _____

Time Requested: _____

Date Transferred: _____

Time Transferred: _____

Receiving facility: _____

Suspect: ☐ Yes ☐ No

Date Requested: _____

Time Requested: _____

Date Transferred: _____

Time Transferred: _____

Receiving facility: _____

ADMINISTRATIVE REVIEW PROCESS

Final determination of case findings: **Substantiated** **Unsubstantiated** **Unfounded**

Investigator completing report: _____ **Date:** _____

I have reviewed this report for legibility, completeness, correctness of determination and to ensure all necessary information is attached

Policy/PREA Specialist **Date**



Prison Rape Elimination Act (PREA) Retaliation Monitoring Data Sheet

Case Number: _____

BASIC INFORMATION

☐ New ☐ Continuation

Facility: _____

Assigned Monitor Name and Title: _____

Assigned by: _____

Date Assigned: _____

90 Day Monitoring Expiration Date: _____

Assigned to Monitor: _____

Prisoner # or Employee Name & Title _____

Monitoring Reason (check all that apply):

☐ Reported Sexual Abuse/Harassment

☐ Cooperated with Sexual Abuse/Harassment Investigation

☐ Victim/Alleged Victim

☐ Fear of Retaliation is Expressed

MONITORING – WEEK 1

Date: _____

Actions Taken (check all that apply):

☐ Reviewed disciplinary reports

☐ Reviewed performance evaluations

☐ Reviewed housing changes

☐ Reviewed staff reassignments

☐ Reviewed program changes

☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 2

Date: _____

Actions Taken (check all that apply):

☐ Reviewed disciplinary reports

☐ Reviewed performance evaluations

☐ Reviewed housing changes

☐ Reviewed staff reassignments

☐ Reviewed program changes

☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 3

Date: _____

Actions Taken (check all that apply):

☐ Reviewed disciplinary reports

☐ Reviewed performance evaluations

☐ Reviewed housing changes

☐ Reviewed staff reassignments

☐ Reviewed program changes

☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 4

Date: _____

Actions Taken (check all that apply):

☐ Reviewed disciplinary reports

☐ Reviewed performance evaluations

☐ Reviewed housing changes

☐ Reviewed staff reassignments

☐ Reviewed program changes

☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 5

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 6

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 7

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 8

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 9

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 10

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 11

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

MONITORING – WEEK 12

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

CONCLUSION

Results:

- ☐ Monitoring Complete – No Retaliation Found
- ☐ Monitoring Complete – Retaliation Addressed and Resolved
- ☐ Continue Monitoring for additional 30 Days

Reason: _____

Assigned Monitor Signature _____

Assigned Monitor Name and Title: _____

Date: _____

Prison Rape Elimination Act (PREA) Annual Staffing Plan Review

BASIC INFORMATION

Agency: _____

Facility: _____

Date: _____

Warden: _____

PREA Compliance Manager: _____

Other Involved Administrators: _____

STAFFING PLAN REQUIREMENTS

Does the current staffing plan take the following into consideration?

Generally accepted correctional practices: ☐ Yes ☐ No

Any judicial findings of inadequacy: ☐ Yes ☐ No

Any findings of inadequacy from Federal investigative agencies: ☐ Yes ☐ No

Any findings of inadequacy from internal or external oversight bodies: ☐ Yes ☐ No

The composition of the prisoner population: ☐ Yes ☐ No

The number and placement of supervisory staff: ☐ Yes ☐ No

Programs occurring on a particular shift: ☐ Yes ☐ No

Any applicable State or local laws, regulations, or standards: ☐ Yes ☐ No

The prevalence of substantiated and unsubstantiated incidents of sexual abuse: ☐ Yes ☐ No

All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated):
☐ Yes ☐ No

Comments: _____

VIDEO MONITORING SYSTEMS AND TECHNOLOGIES

Are adjustments needed to the current video monitoring systems and other monitoring technologies in order to better protect prisoners from sexual abuse? ☐ Yes ☐ No

Comments: _____

RESOURCES

Are adjustments needed to the resources available to the facility to ensure adherence to the staffing plan?
☐ Yes ☐ No

Comments: _____

RECOMMENDATIONS

Has the staffing review group received any recommendations for changes in staffing or video or other surveillance technologies? ☐ Yes ☐ No

Please provide full details regarding recommendations made, and by whom: _____

Have any of these recommendations been implemented? ☐ Yes ☐ No

If no, justify why they have not been implemented: _____

Montana State Prison

Refusal of Treatment

Print:

Inmate / Resident Name (last, First)

Date

Unit

I, _____, DOC ID #: _____, an Inmate at
Montana State Prison **refuse** to have the following recommended treatment:

☐

MEDICAL

☐

DENTAL

☐

MENTAL HEALTH

Description of treatment or therapy refused:

Purpose of treatment or therapy refused:

recommended by: _____

I acknowledge that I have been informed of the below risk and possible consequences that include, but are not limited to the following and which may result in serious adverse health effects including death.

- a) _____
- b) _____
- c) _____
- d) _____

To be completed by Inmate:

Reason for Refusal:

Comments:

I hereby release Montana State Prison and their employees, agents, contractors and Independent Providers from **all** responsibility for any and all affects that may result from the above refusal.

Inmate's Signature

DOC ID #:

Date / Time:

Witness

Position

Date / Time:

Yellow copy is given to the Inmate, the pink copy is the unsigned record, the signed white copy is placed in the Inmates Health Record

Request for Mental Health Services

Montana State Prison

OFFENDER NAME:	DOC ID Number:	Housing Unit:
_____	_____	_____
(Last Name, First name)		
A. Reason for Request: (specific complaints, concerns, symptoms, problems, etc.) <i>If this is an emergency, fill out an Emergency Questionnaire form and call Command Post, do not use this form.</i>		
B. Service(s) Requested:		
C. Requested by:	Title:	Date:
_____	_____	_____
(print name)	(print)	
_____	<input type="checkbox"/> I would like a copy of this response.	
(signature)		
BELOW THIS POINT FOR MENTAL HEALTH STAFF USE ONLY:		DATE RECEIVED:
D. Action Taken:		<div style="border: 1px solid black; height: 30px;"></div>
E. Recommended Service:		
F. Action Taken By:		
_____	_____	_____
(print name)	(signature)	(date)

**MSP
Patient
Care
Protocol**

**Sexual
Assault**

Name: _____

AO#: _____

Age: _____

Allergies: _____

Current Meds: _____

Vitals: T: _____ P: _____ R: _____ B/P: _____

1. Medical staff will offer assessment to all inmates involved in the PREA claim.
 - a. Assess and treat any life/limb threatening injuries.

 - b. If at any time the inmate refuses medical care medical staff will document the refusal.
2. Notify physician. Date: _____ Time: _____
3. Do NOT allow inmate to bathe.
4. Ask the inmate if the PREA incident took place within 72 hours.
 - a. If the sexual assault or PREA claim took place within 72 hours of when the incident happened, the medical staff will send the inmate to an outside medical provider for additional assessment of potential sexual assault.
Transferred: _____ YES _____ NO
 - b. Medical staff will notify the PREA Specialist if the victim is seen by an outside facility.
Date: _____ Time: _____ Notified: _____
5. If the PREA incident did NOT happen within the last 72 hours, physician/mid-level will determine if the victim needs to be seen by an outside provider.
6. Give supportive care.

a. Medical staff will offer the inmate Mental Health treatment utilizing a Mental Health Request form; if the inmate refuses Mental Health, a refusal form will be completed.

7. Medical staff will hand deliver the Confidential Incident Reports to the Command Post.

Date: _____ Time: _____ Delivered to: _____

8. Follow up
scheduled: _____ YES _____ NO

9. Review PREA checklist and ensure all steps are completed.

Nurse's Signature _____

Date: _____

Property of
Montana
Department
of
Corrections
- Montana
State Prison
Reviewed
1/14/14

Montana State Prison Emergency Interview Questionnaire

Complete sections A through G before calling the emergency on-call clinician through the Command Post. Be prepared to read the form to Command Post staff and the on-call clinician. Send copies of the completed form and related documents to the Command Post & Mental Health Department.

A. General Information:

Inmate Name and ID# _____

Staff Name: _____

Date: ____/____/____ Time: _____ hrs. Unit: _____

B. Nature of the Emergency:

Describe what makes this an emergency:

- ☐ Threat of suicide
- ☐ Threat of self-harm
- ☐ Out of touch with reality
- ☐ Bizarre behavior
- ☐ Dangerous/disruptive behavior
- ☐ Place on a BMP or section G

C. Statements from the Inmate:

What did the inmate say to you? _____

What has staff reported about the inmate? _____

D. Inmate appearance:

How does the inmate appear?

- ☐ Normal ☐ Angry ☐ Sad
- ☐ Tearful ☐ Happy ☐ Other _____

E. Inmate behavior:

How did the inmate act out? _____

When you talked to him was he:

- ☐ Cooperative ☐ Uncooperative
- ☐ Hostile ☐ Suspicious

F. Motive/Security issues:

Why did the inmate say he was acting out?

- ☐ To change housing.
- ☐ Has issues with other inmates.
- ☐ Sex offender issues.
- ☐ Not getting along with his cell/block/pod mate(s).
- ☐ Anxiety about being in prison / living in MDIU.
- ☐ Other _____

Explain: _____

Please fill out Section G for suicide or self-harm:

G. Suicide or self-harm intent:

1. Does the inmate say he has a plan to kill / hurt himself?

☐ Yes ☐ No

If yes, what is his plan: _____

2. Does the inmate have a way to kill or hurt himself that is available to him?

☐ Yes ☐ No

If yes, what is the method? _____

3. Does the inmate say he has a history of hurting himself or attempting suicide?

☐ Yes ☐ No

If yes, when was his last attempt?

How did he hurt himself? _____

4. When does the inmate say he plans to hurt/kill himself?

☐ Immediately ☐ In the future

☐ Doesn't know ☐ Other: _____

5. If his plan isn't immediate, does he say he is able to wait until morning (if this is after hours) to talk to mental health staff?

☐ Yes ☐ No

6. Is there anything he says that security or other staff can do to alleviate his stress?

☐ Yes ☐ No

If yes, what? _____

Please fill out Section H after you have talked to Command Post and Mental Health staff.

H. Outcome:

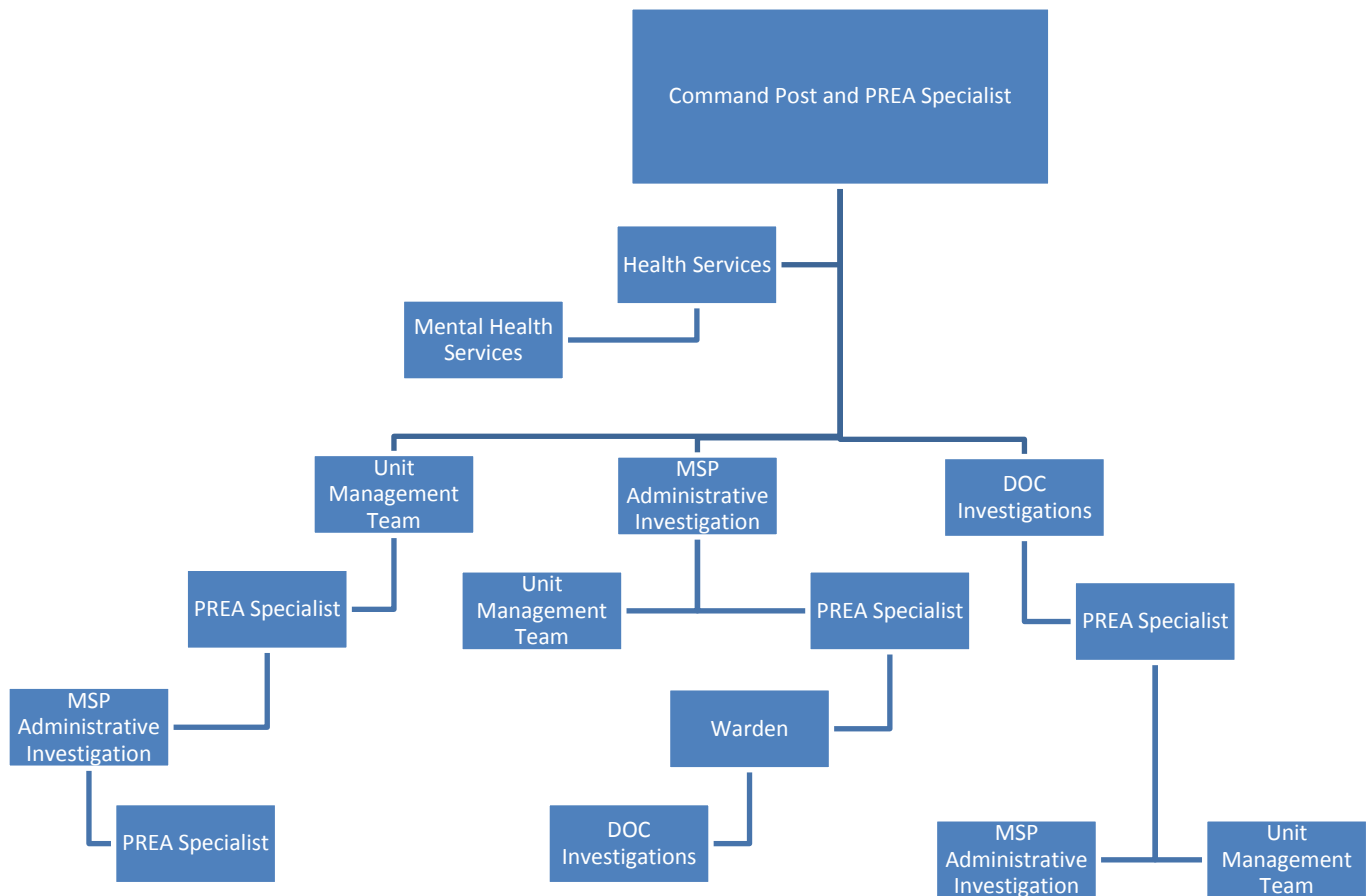
Mental Health person contacted:

Mental Health and / or Staff Comments:

Staff Signature: _____

PREA Protocol

Inmate/Inmate



PREA Protocol

Staff/Inmate

